

PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

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Address to	Attorney	Docket No.	NC 96,221						
Address to:	First Nar	med Inventor	Keller						
Mail Stop Reissue	Original	Patent Number	6,362,289	6,362,289					
Commissioner for Patents P.O. Box 1450	Patent Issue Date	ent Issue Date							
Alexandria, VA 22313-1450	Day/Year) Mail Label No.								
APPLICATION FOR REISONE OF									
APPLICATION FOR REISSUE OF: (Check applicable box) Util	Design Pate	nt	Plant Patent						
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMP	ANYING AF	PPLICATION PARTS						
Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee proce	•	10. change	Statement of status and support for all changes to the claims. See 37 CFR 1.173(c) Original Patent Grant						
🗖 ''	2. Applicant claims small entity status. See 37 CFR 1.27.								
3. Specification and Claims in double column copy (amended, if appropriate)		Ribboned Original Patent Grant							
4. Drawing(s) (proposed amendments, if appropriat		Statement of Loss (PTO/SB/55)							
5. Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)			12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)						
6. Power of Attorney			Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
7. Original U.S. Patent currently assigned? Y (If Yes, check applicable box(es))	es No		English Translation of Reissue Oath/Declaration (if applicable)						
Written Consent of all Assignees (PTO/SB/5	15. Prelimi	15. Preliminary Amendment							
37 CFR 3.73(b) Statement (PTO/SB/96)									
8. CD-ROM or CD-R in duplicate, Computer Program or large table	16. (Should								
Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)			0 - 70						
a. Computer Readable Form (CFR)			APR OPPE						
 b. Specification Sequence Listing on: i CD-ROM (2 copies) or CD-R (2 copies); 	or	<u> </u>		N I M					
ii paper									
c. Statements verifying identity of above copies				200 W.S					
18. CORRESPONDENCE ADDRESS									
Customer Number. 263		OR	Correspond	ence address below					
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Name (Print/Type) Joseph T. Grunkemeyer		Registration No. (Atte	orney/Agent)	46,746					
Signature Tong			ate 3	125104					

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 50-0281 A duplicate copy of this sheet is enclosed. A check in the amount of \$	REISSUE APPLICATION FEE TRANSMITTAL FORM										Docket Number (Optional) NC 96,221					
(1) Claims Number Field in Releasue Patent I. Signature of Applicant Number Stra Rate Fee Rate Rate Releasue Application (37 CFR 1.18(j)) (6) 5 0 = x \$ _ =	Claims as Filed – Part 1															
Total Claims (37 CFR 1.16(ii)) (i) 5 (ii) 5 0			(1) (2) (3)										Other than a Sm	nall Entity		
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* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancellation of claims. **** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. **** Please charge Deposit Account Number 50-0281	Claims (37 CFR	***	5		MINUS	***	t **	'* 13		0	x\$_	=			× \$=	_
*** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancellation of claims. **** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number 50-0281 in the amount of 770.00 A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 50-0281 A check in the amount of \$		Total Additional Fee \$								\$		OR	\$ 0.00			
Date Signature of Applicant, Attorney or Agent of Record	** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. *** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number 50-0281 in the amount of 770.00 in the amount of 770.00 A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 50-0281 in the amount of \$															
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4h 74h Incanh T Grinkamayar	46,746						Joseph T. Grunkemeyer									
Registration Number, if applicable Typed or printed name							-									

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